

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	3212/3
Application Number	09/589,253
Filing Date	JUNE 7, 2000
First Named Inventor	KERIMCAN ENGIN
Group Art Unit	2761
Examiner	

ENCLOSURES (check all that apply)

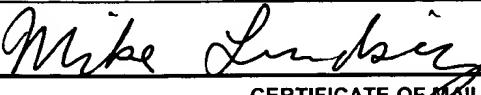
<input type="checkbox"/> Amendment / Response to Restriction/Election Req. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Substitute Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request (duplic)		
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Large Entity	
					Rate	Add'l Fee		
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$40=	0	x \$80=	
First Presentation of Multiple Dep. Claim					+\$135=	---	+\$270=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

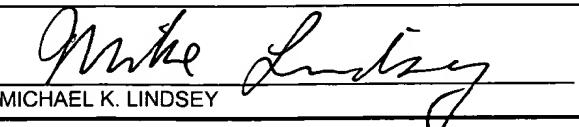
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MICHAEL K. LINDSEY Registration No. 39,278 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
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Signature  Date: March 5, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: March 5, 2001

Signature		Date: March 5, 2001
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